

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ActBlue

Full Name (Last, First, Middle Initial)

A. MARCIA FEIN

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

Mailing Address 55 HUDSON ST APT 4E

City	State	Zip Code
NEW YORK	NY	10013

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type**Transaction ID : SB28A_20751653**

Amount of Each Disbursement this Period

100.00

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Refund of contribution, initially earmarked for
DEMOCRATIC CONGRESSIONAL CAMPAIGN
COMMITTEE (C000009)

Full Name (Last, First, Middle Initial)

B. CAROL FEINBERG

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

Mailing Address 210 ALDERBROOK PLACE

City	State	Zip Code
MORAGA	CA	94556

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type**Transaction ID : SB28A_20125209**

Amount of Each Disbursement this Period

25.00

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Refund of contribution, initially earmarked for
DEMOCRATIC CONGRESSIONAL CAMPAIGN
COMMITTEE (C000009)

Full Name (Last, First, Middle Initial)

C. CAROL FEINBERG

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

Mailing Address 210 ALDERBROOK PLACE

City	State	Zip Code
MORAGA	CA	94556

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type**Transaction ID : SB28A_19648737**

Amount of Each Disbursement this Period

20.00

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Refund of contribution, initially earmarked for
DEMOCRATIC SENATORIAL CAMPAIGN
COMMITTEE (C00042366)**SUBTOTAL** of Disbursements This Page (optional)..... ►

145.00

TOTAL This Period (last page this line number only)..... ►

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